Exhibit K

ADDITIONAL BUDGET DETAIL INVOICE TEMPLATE

CA Department of Health Services Cancer Detection Section Contract Analyst: MS 7203 P.O. Box 997413 Sacramento, CA 95899-7413

Check if Final Invoice () Contract Number: Term of Contract: Period of Invoice: Invoice Number: Date: Agency Contact: Agency Name: (Address)

CAREGORIES					ACTUAL	CUMULATIVE	
A. PERSONNEL							UNEXPENDED
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Authorized Agency Signature	Date